BEST AVAILABLE COPY												
pplication or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2000 098 40 297												
OLAMO ACENED DARVI												
CLAIMS AS FILED - PART I								MALL EN	ITITY		OTHER	
	~ 61 41146		(Column	1)	(Column 2)		_	TYPE		OR.	SMALL ENTITY	
TOTAL CLAIMS			25					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			X\$ 9=		OR	X\$18=	90.00
INDEPENDENT CLAIMS			/ <sub>0</sub> minus 3 =		3			X40=		OR	X80=	240.00
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	2 10.10
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL			TOTAL	1040.00
TOTAL DATOTAL DATOTAL												
CLAIMS AS AMENDED - PART II								CMALL	ENTITY	OR	OTHER SMALL	
(Column 2) (Column 3)								SMALL			JMALL	
AMENDMENT A		REMAINING		NUM	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVIO PAID		EXTRA		MAIL	FEE		MAIL	FEE
	Total	. 24	Minus	· 2	5	= 0		X\$ 9=		OR	X\$18=	0
ME	Independent	. 6	Minus	***	6	=0	ı	X40=	/	OR	X80=	1
₹	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	EPENDENT CLAIM					/	011		
								+135=	/	OR	+270=	0
								TOTAL	/	OR	TOTAL ADDIT, FEE	1
ADDIT, FEE Y ADDIT, FEE												
		(Column 1) CLAIMS		HIGH		(Column 3)	ŀr		ADDI-	1		ADDI-
AMENDMENT B		REMAINING		NUM		PRESENT		RATE	TIONAL		RATE	TIONAL
		AFTER AMENDMENT			OUSLY FOR	EXTRA		MALE	FEE		,,,,,,,	FEE
	Total	•	Minus	••		=		X\$ 9=	,	OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	· X80=	
گ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		)						
								+135=		OR	+270=	
								TOTAL IDDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	÷	(Colu	mn 2)	(Column 3)	, _ ,					
		CLAIMS		HIGH	iest		ſ		ADDI-	1		ADDI-
AMENDMENT C	in englight i	REMAINING AFTER		NUM PREVI		PRESENT EXTRA	ll	RATE	TIONAL		RATE	TIONAL
	a apartir i	AMENDMENT	·964、(104)等。	PAID	FOR				FEE			FEE
	Total	•	Minus	••		9		X\$ 9=		OR	X\$18=	, ,
	Independent	•	Minus	***		<u>n</u>		X40=		00	X80≖	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>!</b>		<del></del>	OR	,,	
+135= OR +270=												
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL OR ADDITIONS OR												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE												<b></b>
	The Highest Nun	nber Previously Pa	(Total or	Independ	lent) is the	highest numbe	r tou	nd in th	ropriate box	in col	umn 1.	
	•		. /					/				

FORM PTO-875 (Rev. 8/00) Patent and Tredemark Office, U.S. DEPARTMENT OF COMMERCE

\*U.S. GPO: 2000-460-708/30103